

Fill in this information to identify the case:

Debtor name Eat Fit Go Healthy Foods, LLC

United States Bankruptcy Court for the: DISTRICT OF NEBRASKA

Case number (if known) 18-81127

Check if this is an amended filing

Official Form 202

Declaration Under Penalty of Perjury for Non-Individual Debtors

12/15

An individual who is authorized to act on behalf of a non-individual debtor, such as a corporation or partnership, must sign and submit this form for the schedules of assets and liabilities, any other document that requires a declaration that is not included in the document, and any amendments of those documents. This form must state the individual's position or relationship to the debtor, the identity of the document, and the date. Bankruptcy Rules 1008 and 9011.

WARNING -- Bankruptcy fraud is a serious crime. Making a false statement, concealing property, or obtaining money or property by fraud in connection with a bankruptcy case can result in fines up to \$500,000 or imprisonment for up to 20 years, or both. 18 U.S.C. §§ 152, 1341, 1519, and 3571.

Declaration and signature

I am the president, another officer, or an authorized agent of the corporation; a member or an authorized agent of the partnership; or another individual serving as a representative of the debtor in this case.

I have examined the information in the documents checked below and I have a reasonable belief that the information is true and correct:

- Schedule A/B: Assets–Real and Personal Property* (Official Form 206A/B)
- Schedule D: Creditors Who Have Claims Secured by Property* (Official Form 206D)
- Schedule E/F: Creditors Who Have Unsecured Claims* (Official Form 206E/F)
- Schedule G: Executory Contracts and Unexpired Leases* (Official Form 206G)
- Schedule H: Codebtors* (Official Form 206H)
- Summary of Assets and Liabilities for Non-Individuals* (Official Form 206Sum)
- Amended Schedule*
- Chapter 11 or Chapter 9 Cases: List of Creditors Who Have the 20 Largest Unsecured Claims and Are Not Insiders* (Official Form 204)
- Other document that requires a declaration* _____

I declare under penalty of perjury that the foregoing is true and correct.

Executed on September 19, 2018

X /s/ Brock Hubert

Signature of individual signing on behalf of debtor

Brock Hubert

Printed name

CEO

Position or relationship to debtor

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United States Bankruptcy Court for the: **DISTRICT OF NEBRASKA**

Case number (if known) **18-81127**

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Official Form 206A/B

Schedule A/B: Assets - Real and Personal Property

12/15

Disclose all property, real and personal, which the debtor owns or in which the debtor has any other legal, equitable, or future interest. Include all property in which the debtor holds rights and powers exercisable for the debtor's own benefit. Also include assets and properties which have no book value, such as fully depreciated assets or assets that were not capitalized. In Schedule A/B, list any executory contracts or unexpired leases. Also list them on *Schedule G: Executory Contracts and Unexpired Leases* (Official Form 206G).

Be as complete and accurate as possible. If more space is needed, attach a separate sheet to this form. At the top of any pages added, write the debtor's name and case number (if known). Also identify the form and line number to which the additional information applies. If an additional sheet is attached, include the amounts from the attachment in the total for the pertinent part.

For Part 1 through Part 11, list each asset under the appropriate category or attach separate supporting schedules, such as a fixed asset schedule or depreciation schedule, that gives the details for each asset in a particular category. List each asset only once. In valuing the debtor's interest, do not deduct the value of secured claims. See the instructions to understand the terms used in this form.

Part 1: Cash and cash equivalents

1. Does the debtor have any cash or cash equivalents?

No. Go to Part 2.

Yes Fill in the information below.

All cash or cash equivalents owned or controlled by the debtor

Current value of debtor's interest

3. **Checking, savings, money market, or financial brokerage accounts (Identify all)**

Name of institution (bank or brokerage firm) Type of account

Last 4 digits of account number

3.1. Access Bank	Checking	8476	\$419,490.95
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3.2. Access Bank	Checking	8203	\$96,918.03
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4. **Other cash equivalents (Identify all)**

5. **Total of Part 1.**

Add lines 2 through 4 (including amounts on any additional sheets). Copy the total to line 80.

\$516,408.98

Part 2: Deposits and Prepayments

6. Does the debtor have any deposits or prepayments?

No. Go to Part 3.

Yes Fill in the information below.

Part 3: Accounts receivable

10. Does the debtor have any accounts receivable?

No. Go to Part 4.

Yes Fill in the information below.

11. **Accounts receivable**

Debtor Eat Fit Go Healthy Foods, LLC _____ Case number (If known) 18-81127 _____
Name _____

11a. 90 days old or less:	<u>33,897.74</u>	-	<u>0.00</u>	=	<u>\$33,897.74</u>
	face amount		doubtful or uncollectible accounts		

11b. Over 90 days old:	<u>240,000.00</u>	-	<u>120,000.00</u>	=....	<u>\$120,000.00</u>
	face amount		doubtful or uncollectible accounts		

12. **Total of Part 3.**

Current value on lines 11a + 11b = line 12. Copy the total to line 82.

\$153,897.74

Part 4: Investments

13. Does the debtor own any investments?

No. Go to Part 5.
 Yes Fill in the information below.

Part 5: Inventory, excluding agriculture assets

18. Does the debtor own any inventory (excluding agriculture assets)?

No. Go to Part 6.
 Yes Fill in the information below.

Part 6: Farming and fishing-related assets (other than titled motor vehicles and land)

27. Does the debtor own or lease any farming and fishing-related assets (other than titled motor vehicles and land)?

No. Go to Part 7.
 Yes Fill in the information below.

Part 7: Office furniture, fixtures, and equipment; and collectibles

38. Does the debtor own or lease any office furniture, fixtures, equipment, or collectibles?

No. Go to Part 8.
 Yes Fill in the information below.

Part 8: Machinery, equipment, and vehicles

46. Does the debtor own or lease any machinery, equipment, or vehicles?

No. Go to Part 9.
 Yes Fill in the information below.

Part 9: Real property

54. Does the debtor own or lease any real property?

No. Go to Part 10.
 Yes Fill in the information below.

Part 10: Intangibles and intellectual property

59. Does the debtor have any interests in intangibles or intellectual property?

No. Go to Part 11.
 Yes Fill in the information below.

Debtor	<u>Eat Fit Go Healthy Foods, LLC</u> Name	Case number (<i>If known</i>) <u>18-81127</u>		
General description		Net book value of debtor's interest (Where available)	Valuation method used for current value	Current value of debtor's interest
60.	Patents, copyrights, trademarks, and trade secrets <u>Meal Recipes</u>	<u>Unknown</u>		<u>Unknown</u>
61.	Internet domain names and websites <u>Eatfitgo.com, email domains, related products.</u>	<u>Unknown</u>		<u>Unknown</u>
62.	Licenses, franchises, and royalties			
63.	Customer lists, mailing lists, or other compilations			
64.	Other intangibles, or intellectual property			
65.	Goodwill <u>Corporate Goodwill</u>	<u>Unknown</u>		<u>Unknown</u>

66.	Total of Part 10.	<u>\$0.00</u>
Add lines 60 through 65. Copy the total to line 89.		
67.	Do your lists or records include personally identifiable information of customers (as defined in 11 U.S.C. §§ 101(41A) and 107)?	<input checked="" type="checkbox"/> No <input type="checkbox"/> Yes
68.	Is there an amortization or other similar schedule available for any of the property listed in Part 10?	<input checked="" type="checkbox"/> No <input type="checkbox"/> Yes
69.	Has any of the property listed in Part 10 been appraised by a professional within the last year?	<input checked="" type="checkbox"/> No <input type="checkbox"/> Yes

Part 11: All other assets

70. **Does the debtor own any other assets that have not yet been reported on this form?**
Include all interests in executory contracts and unexpired leases not previously reported on this form.

No. Go to Part 12.
 Yes Fill in the information below.

		Current value of debtor's interest
71.	Notes receivable Description (include name of obligor)	
72.	Tax refunds and unused net operating losses (NOLs) Description (for example, federal, state, local)	
73.	Interests in insurance policies or annuities	
74.	Causes of action against third parties (whether or not a lawsuit has been filed)	
75.	Other contingent and unliquidated claims or causes of action of every nature, including counterclaims of the debtor and rights to set off claims	

Debtor Eat Fit Go Healthy Foods, LLC _____ Case number (*If known*) 18-81127 _____
Name _____

76. **Trusts, equitable or future interests in property**

77. **Other property of any kind not already listed** *Examples:* Season tickets, country club membership

Sinage _____ \$17,205.32

78. **Total of Part 11.**

Add lines 71 through 77. Copy the total to line 90.

\$17,205.32

79. **Has any of the property listed in Part 11 been appraised by a professional within the last year?**

No
 Yes

Debtor Eat Fit Go Healthy Foods, LLC
Name

Case number (If known) 18-81127

Part 12: **Summary**

In Part 12 copy all of the totals from the earlier parts of the form

Type of property	Current value of personal property	Current value of real property
80. Cash, cash equivalents, and financial assets. <i>Copy line 5, Part 1</i>	<u>\$516,408.98</u>	
81. Deposits and prepayments. <i>Copy line 9, Part 2.</i>	<u>\$0.00</u>	
82. Accounts receivable. <i>Copy line 12, Part 3.</i>	<u>\$153,897.74</u>	
83. Investments. <i>Copy line 17, Part 4.</i>	<u>\$0.00</u>	
84. Inventory. <i>Copy line 23, Part 5.</i>	<u>\$0.00</u>	
85. Farming and fishing-related assets. <i>Copy line 33, Part 6.</i>	<u>\$0.00</u>	
86. Office furniture, fixtures, and equipment; and collectibles. <i>Copy line 43, Part 7.</i>	<u>\$0.00</u>	
87. Machinery, equipment, and vehicles. <i>Copy line 51, Part 8.</i>	<u>\$0.00</u>	
88. Real property. <i>Copy line 56, Part 9.....></i>		<u>\$0.00</u>
89. Intangibles and intellectual property. <i>Copy line 66, Part 10.</i>	<u>\$0.00</u>	
90. All other assets. <i>Copy line 78, Part 11.</i>	<u>+ \$17,205.32</u>	
91. Total. Add lines 80 through 90 for each column	<u>\$687,512.04</u>	<u>+ 91b. \$0.00</u>
92. Total of all property on Schedule A/B. Add lines 91a+91b=92		<u>\$687,512.04</u>

Fill in this information to identify the case:

Debtor name **Eat Fit Go Healthy Foods, LLC**United States Bankruptcy Court for the: **DISTRICT OF NEBRASKA**Case number (if known) **18-81127** Check if this is an amended filing**Official Form 206D****Schedule D: Creditors Who Have Claims Secured by Property****12/15**

Be as complete and accurate as possible.

1. Do any creditors have claims secured by debtor's property?

No. Check this box and submit page 1 of this form to the court with debtor's other schedules. Debtor has nothing else to report on this form.

Yes. Fill in all of the information below.

Part 1: List Creditors Who Have Secured Claims

2. List in alphabetical order all creditors who have secured claims. If a creditor has more than one secured claim, list the creditor separately for each claim.

2.1	Creditor's Name	Describe debtor's property that is subject to a lien	Column A Amount of claim	Column B Value of collateral that supports this claim
2.1	Access Bank Creditor's Name 8712 West Dodge Road Omaha, NE 68114 Creditor's mailing address	All Assets <hr/> Describe the lien <hr/> Is the creditor an insider or related party? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes Is anyone else liable on this claim? <input type="checkbox"/> No <input checked="" type="checkbox"/> Yes. Fill out <i>Schedule H: Codebtors</i> (Official Form 206H)	\$700,000.00 Do not deduct the value of collateral.	Unknown
3.	Total of the dollar amounts from Part 1, Column A, including the amounts from the Additional Page, if any.			\$700,000.00

Part 2: List Others to Be Notified for a Debt Already Listed in Part 1

List in alphabetical order any others who must be notified for a debt already listed in Part 1. Examples of entities that may be listed are collection agencies, assignees of claims listed above, and attorneys for secured creditors.

If no others need to be notified for the debts listed in Part 1, do not fill out or submit this page. If additional pages are needed, copy this page.

Name and address

On which line in Part 1 did you enter the related creditor?

Last 4 digits of account number for this entity

Fill in this information to identify the case:

Debtor name Eat Fit Go Healthy Foods, LLC

United States Bankruptcy Court for the: DISTRICT OF NEBRASKA

Case number (if known) 18-81127

 Check if this is an amended filing**Official Form 206E/F****Schedule E/F: Creditors Who Have Unsecured Claims**

12/15

Be as complete and accurate as possible. Use Part 1 for creditors with PRIORITY unsecured claims and Part 2 for creditors with NONPRIORITY unsecured claims. List the other party to any executory contracts or unexpired leases that could result in a claim. Also list executory contracts on *Schedule A/B: Assets - Real and Personal Property* (Official Form 206A/B) and on *Schedule G: Executory Contracts and Unexpired Leases* (Official Form 206G). Number the entries in Parts 1 and 2 in the boxes on the left. If more space is needed for Part 1 or Part 2, fill out and attach the Additional Page of that Part included in this form.

Part 1: List All Creditors with PRIORITY Unsecured Claims

1. Do any creditors have priority unsecured claims? (See 11 U.S.C. § 507).

No. Go to Part 2.
 Yes. Go to line 2.

Part 2: List All Creditors with NONPRIORITY Unsecured Claims

3. List in alphabetical order all of the creditors with nonpriority unsecured claims. If the debtor has more than 6 creditors with nonpriority unsecured claims, fill out and attach the Additional Page of Part 2.

		Amount of claim
3.1	Nonpriority creditor's name and mailing address Aaron McKeever 8240 Keystone Drive Omaha, NE 68130 Date(s) debt was incurred __ Last 4 digits of account number __	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input checked="" type="checkbox"/> Contingent <input checked="" type="checkbox"/> Unliquidated <input checked="" type="checkbox"/> Disputed Basis for the claim: __ Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes
3.2	Nonpriority creditor's name and mailing address ADP One ADP Boulevard Roseland, NJ 07068 Date(s) debt was incurred __ Last 4 digits of account number __	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input checked="" type="checkbox"/> Contingent <input checked="" type="checkbox"/> Unliquidated <input checked="" type="checkbox"/> Disputed Basis for the claim: __ Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes
3.3	Nonpriority creditor's name and mailing address AMC Enterprises, LLC 8240 Keystone Drive Omaha, NE 68134 Date(s) debt was incurred __ Last 4 digits of account number __	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input checked="" type="checkbox"/> Contingent <input checked="" type="checkbox"/> Unliquidated <input checked="" type="checkbox"/> Disputed Basis for the claim: __ Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes
3.4	Nonpriority creditor's name and mailing address American Express Copmany, Corporate Serv AESC-P1 20022 N 31st Ave, Mail Code AZ-08-03-1 Phoenix, AZ 85027 Date(s) debt was incurred __ Last 4 digits of account number __	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input checked="" type="checkbox"/> Contingent <input checked="" type="checkbox"/> Unliquidated <input checked="" type="checkbox"/> Disputed Basis for the claim: __ Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes

Debtor

Eat Fit Go Healthy Foods, LLC

Name

Case number (if known)

18-81127

3.5

Nonpriority creditor's name and mailing address
Chacon Gonzalez, Rolando
2508 W Elm St #220
Phoenix, AZ 85017As of the petition filing date, the claim is: *Check all that apply.*Unknown
 Contingent
 Unliquidated
 Disputed

Date(s) debt was incurred _

Basis for the claim: _

Last 4 digits of account number _

Is the claim subject to offset? No Yes

3.6

Nonpriority creditor's name and mailing address
Cincinnati Insurance Company
PO Box 145620
Cincinnati, OH 45250-5620As of the petition filing date, the claim is: *Check all that apply.*Unknown
 Contingent
 Unliquidated
 Disputed

Date(s) debt was incurred _

Basis for the claim: _

Last 4 digits of account number _

Is the claim subject to offset? No Yes

3.7

Nonpriority creditor's name and mailing address
CNA Insurance / Continental Casualty Com
333 S. Wabash Ave
Chicago, IL 60604As of the petition filing date, the claim is: *Check all that apply.*Unknown
 Contingent
 Unliquidated
 Disputed

Date(s) debt was incurred _

Basis for the claim: _

Last 4 digits of account number _

Is the claim subject to offset? No Yes

3.8

Nonpriority creditor's name and mailing address
Cutthroat Print
11429 Davenport St
Omaha, NE 68154As of the petition filing date, the claim is: *Check all that apply.*\$46.01
 Contingent
 Unliquidated
 Disputed

Date(s) debt was incurred _

Basis for the claim: _

Last 4 digits of account number _

Is the claim subject to offset? No Yes

3.9

Nonpriority creditor's name and mailing address
Distribution Market Advantage
Distribution Market Advantage, Inc., 151
Schaumburg, IL 60173As of the petition filing date, the claim is: *Check all that apply.*Unknown
 Contingent
 Unliquidated
 Disputed

Date(s) debt was incurred _

Basis for the claim: _

Last 4 digits of account number _

Is the claim subject to offset? No Yes

3.10

Nonpriority creditor's name and mailing address
DKAH LLC
18466 Adams St, Omaha, NE 68135
Omaha, NE 68135As of the petition filing date, the claim is: *Check all that apply.*Unknown
 Contingent
 Unliquidated
 Disputed

Date(s) debt was incurred _

Basis for the claim: _

Last 4 digits of account number _

Is the claim subject to offset? No Yes

3.11

Nonpriority creditor's name and mailing address
DLR
DLR Group inc., 6457 Frances St., Suite
Omaha, NE 68106As of the petition filing date, the claim is: *Check all that apply.*Unknown
 Contingent
 Unliquidated
 Disputed

Date(s) debt was incurred _

Basis for the claim: _

Last 4 digits of account number _

Is the claim subject to offset? No Yes

Debtor	Eat Fit Go Healthy Foods, LLC	Case number (if known)	18-81127
Name			
3.12	Nonpriority creditor's name and mailing address Dvorak Law Group c/o David Dvorak 13625 California St., Suite 110 Omaha, NE 68154	As of the petition filing date, the claim is: <i>Check all that apply.</i>	\$4,265.97
		<input type="checkbox"/> Contingent	
		<input type="checkbox"/> Unliquidated	
		<input type="checkbox"/> Disputed	
	Date(s) debt was incurred _____	Basis for the claim: _____	
	Last 4 digits of account number _____	Is the claim subject to offset? <input type="checkbox"/> No <input type="checkbox"/> Yes	
3.13	Nonpriority creditor's name and mailing address E FIT G KRYN, L.L.C. 2707 2nd Ave Suite D Kearney, NE 68845	As of the petition filing date, the claim is: <i>Check all that apply.</i>	Unknown
	Date(s) debt was incurred _____	<input type="checkbox"/> Contingent	
	Last 4 digits of account number _____	<input type="checkbox"/> Unliquidated	
		<input type="checkbox"/> Disputed	
	Basis for the claim: _____		
		Is the claim subject to offset? <input type="checkbox"/> No <input type="checkbox"/> Yes	
3.14	Nonpriority creditor's name and mailing address Eat Healthy, LLC 1304 Riverside Blvd Norfolk, Ne 68701 Norfolk, NE 68701	As of the petition filing date, the claim is: <i>Check all that apply.</i>	Unknown
	Date(s) debt was incurred _____	<input type="checkbox"/> Contingent	
	Last 4 digits of account number _____	<input type="checkbox"/> Unliquidated	
		<input type="checkbox"/> Disputed	
	Basis for the claim: _____		
		Is the claim subject to offset? <input type="checkbox"/> No <input type="checkbox"/> Yes	
3.15	Nonpriority creditor's name and mailing address EFG Distribution, LLC 10201 W Bluff Rd Malcom, NE 68402	As of the petition filing date, the claim is: <i>Check all that apply.</i>	Unknown
	Date(s) debt was incurred _____	<input type="checkbox"/> Contingent	
	Last 4 digits of account number _____	<input type="checkbox"/> Unliquidated	
		<input type="checkbox"/> Disputed	
	Basis for the claim: _____		
		Is the claim subject to offset? <input type="checkbox"/> No <input type="checkbox"/> Yes	
3.16	Nonpriority creditor's name and mailing address EFGP LLC 5005 S 135th St #3230 Omaha NE 68137 (pe St. Joseph, MO 64506	As of the petition filing date, the claim is: <i>Check all that apply.</i>	Unknown
	Date(s) debt was incurred _____	<input type="checkbox"/> Contingent	
	Last 4 digits of account number _____	<input type="checkbox"/> Unliquidated	
		<input type="checkbox"/> Disputed	
	Basis for the claim: _____		
		Is the claim subject to offset? <input type="checkbox"/> No <input type="checkbox"/> Yes	
3.17	Nonpriority creditor's name and mailing address EFGroupATL, LLC 450 Regency Parkway, Suite 120 Omaha, NE 68114	As of the petition filing date, the claim is: <i>Check all that apply.</i>	Unknown
	Date(s) debt was incurred _____	<input type="checkbox"/> Contingent	
	Last 4 digits of account number _____	<input type="checkbox"/> Unliquidated	
		<input type="checkbox"/> Disputed	
	Basis for the claim: _____		
		Is the claim subject to offset? <input type="checkbox"/> No <input type="checkbox"/> Yes	
3.18	Nonpriority creditor's name and mailing address Execupay 14301 FNB Pkwy. Suite 204 Omaha, NE 68154	As of the petition filing date, the claim is: <i>Check all that apply.</i>	Unknown
	Date(s) debt was incurred _____	<input type="checkbox"/> Contingent	
	Last 4 digits of account number _____	<input type="checkbox"/> Unliquidated	
		<input type="checkbox"/> Disputed	
	Basis for the claim: _____		
		Is the claim subject to offset? <input type="checkbox"/> No <input type="checkbox"/> Yes	

Debtor Eat Fit Go Healthy Foods, LLC

Case number (if known)

18-81127

3.19	Nonpriority creditor's name and mailing address Fast Signs 751 N. 114th Street Omaha, NE 68154	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed	\$0.00
	Date(s) debt was incurred _____	Basis for the claim: _____	
	Last 4 digits of account number _____	Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	
3.20	Nonpriority creditor's name and mailing address Four Sons LLC 23057 Bella Cir. Glennwood, IA 51534	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input checked="" type="checkbox"/> Contingent <input checked="" type="checkbox"/> Unliquidated <input checked="" type="checkbox"/> Disputed	Unknown
	Date(s) debt was incurred _____	Basis for the claim: _____	
	Last 4 digits of account number _____	Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	
3.21	Nonpriority creditor's name and mailing address Go Madik 1 LLC PO Box 21432 Overland Park, KS 66283	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input checked="" type="checkbox"/> Contingent <input checked="" type="checkbox"/> Unliquidated <input checked="" type="checkbox"/> Disputed	Unknown
	Date(s) debt was incurred _____	Basis for the claim: _____	
	Last 4 digits of account number _____	Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	
3.22	Nonpriority creditor's name and mailing address Google G Suite 1600 Amphitheater Pkwy. Mountain View, CA 94043	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input checked="" type="checkbox"/> Contingent <input checked="" type="checkbox"/> Unliquidated <input checked="" type="checkbox"/> Disputed	Unknown
	Date(s) debt was incurred _____	Basis for the claim: _____	
	Last 4 digits of account number _____	Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	
3.23	Nonpriority creditor's name and mailing address Halo Banded Solutions, Inc. Attn: John Campbell, Director of Corpora 1980 Industrial Drive Sterling, IL 61081	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input checked="" type="checkbox"/> Contingent <input checked="" type="checkbox"/> Unliquidated <input checked="" type="checkbox"/> Disputed	Unknown
	Date(s) debt was incurred _____	Basis for the claim: _____	
	Last 4 digits of account number _____	Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	
3.24	Nonpriority creditor's name and mailing address Hamilton Heights Inc. 17730 South Reflection Avenue Bennington, NE 68007	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input checked="" type="checkbox"/> Contingent <input checked="" type="checkbox"/> Unliquidated <input checked="" type="checkbox"/> Disputed	Unknown
	Date(s) debt was incurred _____	Basis for the claim: _____	
	Last 4 digits of account number _____	Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	
3.25	Nonpriority creditor's name and mailing address Hurst Holding Company, LLC 2217 S 218th St Elkhorn, NE 68022	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input checked="" type="checkbox"/> Contingent <input checked="" type="checkbox"/> Unliquidated <input checked="" type="checkbox"/> Disputed	Unknown
	Date(s) debt was incurred _____	Basis for the claim: _____	
	Last 4 digits of account number _____	Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	

Debtor Eat Fit Go Healthy Foods, LLC

Case number (if known)

18-81127

Name

3.26	Nonpriority creditor's name and mailing address Husker Power Enterprises, LLC 1101 Grindstone Pkwy #106 Columbia, MO 65201	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed	Unknown
	Date(s) debt was incurred _____	Basis for the claim: _____	
	Last 4 digits of account number _____	Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	
3.27	Nonpriority creditor's name and mailing address International Spices 1040 Lucius St. Fremont, NE 68025	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed	Unknown
	Date(s) debt was incurred _____	Basis for the claim: _____	
	Last 4 digits of account number _____	Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	
3.28	Nonpriority creditor's name and mailing address iThinkFit c/o Brodkey Peebles Belmont & Line 10855 W. Dodge Rd., Suite 100 Omaha, NE 68154	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed	Unknown
	Date(s) debt was incurred _____	Basis for the claim: _____	
	Last 4 digits of account number _____	Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	
3.29	Nonpriority creditor's name and mailing address JJ&D Enterprises, LLC 636 N 137th Ave. Omaha, NE 68154	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed	Unknown
	Date(s) debt was incurred _____	Basis for the claim: _____	
	Last 4 digits of account number _____	Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	
3.30	Nonpriority creditor's name and mailing address JQ Office 3350 North 90th Street Omaha, NE 68134	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed	Unknown
	Date(s) debt was incurred _____	Basis for the claim: _____	
	Last 4 digits of account number _____	Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	
3.31	Nonpriority creditor's name and mailing address Kutak Rock c/o General Counsel 1650 Farnam Street Omaha, NE 68102	As of the petition filing date, the claim is: <i>Check all that apply.</i>	\$17,304.67
	Date(s) debt was incurred _____	Basis for the claim: _____	
	Last 4 digits of account number _____	Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	
3.32	Nonpriority creditor's name and mailing address Liberty Mutual 9450 Seward Rd. Fairfield, OH 45014-5456	As of the petition filing date, the claim is: <i>Check all that apply.</i>	Unknown
	Date(s) debt was incurred _____	Basis for the claim: _____	
	Last 4 digits of account number _____	Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	

Debtor Eat Fit Go Healthy Foods, LLC

Case number (if known)

18-81127

3.33	Nonpriority creditor's name and mailing address Lutz 13616 California St Ste 300 Omaha, NE 68154-5336 Date(s) debt was incurred _____ Last 4 digits of account number _____	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: <u>Professional Services</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$27,138.45
3.34	Nonpriority creditor's name and mailing address MVU Properties, LLC 17730 S Reflection Ave Bennington, NE 68007 Date(s) debt was incurred _____ Last 4 digits of account number _____	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: _____ Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	Unknown
3.35	Nonpriority creditor's name and mailing address Olo 26 Broadway, 24th Floor New York, NY 10004 Date(s) debt was incurred _____ Last 4 digits of account number _____	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: _____ Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	Unknown
3.36	Nonpriority creditor's name and mailing address OmaStrings, LLC 450 Regency Parkway, Suite 340 Omaha, NE 68114 Date(s) debt was incurred _____ Last 4 digits of account number _____	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: _____ Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	Unknown
3.37	Nonpriority creditor's name and mailing address Penske (lease) 2675 Morgantown Road Reading, PA 19607 Date(s) debt was incurred _____ Last 4 digits of account number _____	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: _____ Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	Unknown
3.38	Nonpriority creditor's name and mailing address Persolvent 940 Hastings Ave St Paul Park, MN 55071 Date(s) debt was incurred _____ Last 4 digits of account number _____	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: _____ Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	Unknown
3.39	Nonpriority creditor's name and mailing address Postmates 51 Federal St. San Francisco, CA 94107 Date(s) debt was incurred _____ Last 4 digits of account number _____	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: _____ Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	Unknown

Debtor	<u>Eat Fit Go Healthy Foods, LLC</u>	Case number (if known)	<u>18-81127</u>
<p>Name</p> <p>3.40 Nonpriority creditor's name and mailing address Revel 303 Second St, North Tower, Suite 550 San Francisco, CA 94107</p> <p>Date(s) debt was incurred _____</p> <p>Last 4 digits of account number _____</p> <p>As of the petition filing date, the claim is: <i>Check all that apply.</i></p> <p><input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed</p> <p>Basis for the claim: _____</p> <p>Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes</p>			
<p>3.41 Nonpriority creditor's name and mailing address Rigel Airport Services 4501 Abbot Drive Omaha, NE 68110</p> <p>Date(s) debt was incurred _____</p> <p>Last 4 digits of account number _____</p> <p>As of the petition filing date, the claim is: <i>Check all that apply.</i></p> <p><input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed</p> <p>Basis for the claim: _____</p> <p>Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes</p>			
<p>3.42 Nonpriority creditor's name and mailing address RK Fitfoods, Inc. 558 E. Castle Pines Pkwy, B-4324 Castle Rock, CO 80108</p> <p>Date(s) debt was incurred _____</p> <p>Last 4 digits of account number _____</p> <p>As of the petition filing date, the claim is: <i>Check all that apply.</i></p> <p><input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed</p> <p>Basis for the claim: _____</p> <p>Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes</p>			
<p>3.43 Nonpriority creditor's name and mailing address Rob McCutcheons 2041 W Homer St Chicago, IL 60647</p> <p>Date(s) debt was incurred _____</p> <p>Last 4 digits of account number _____</p> <p>As of the petition filing date, the claim is: <i>Check all that apply.</i></p> <p><input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed</p> <p>Basis for the claim: _____</p> <p>Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes</p>			
<p>3.44 Nonpriority creditor's name and mailing address Rob McCutcheons 2041 W Homer St Chicago, IL 60647</p> <p>Date(s) debt was incurred _____</p> <p>Last 4 digits of account number _____</p> <p>As of the petition filing date, the claim is: <i>Check all that apply.</i></p> <p><input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed</p> <p>Basis for the claim: _____</p> <p>Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes</p>			
<p>3.45 Nonpriority creditor's name and mailing address Ruge EFG 15950 West Dodge Road, Suite 300 Omaha, NE 68118</p> <p>Date(s) debt was incurred _____</p> <p>Last 4 digits of account number _____</p> <p>As of the petition filing date, the claim is: <i>Check all that apply.</i></p> <p><input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed</p> <p>Basis for the claim: _____</p> <p>Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes</p>			
<p>3.46 Nonpriority creditor's name and mailing address Sam Vakhidov 2325 S. 165th Omaha, NE 68134</p> <p>Date(s) debt was incurred _____</p> <p>Last 4 digits of account number _____</p> <p>As of the petition filing date, the claim is: <i>Check all that apply.</i></p> <p><input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed</p> <p>Basis for the claim: _____</p> <p>Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes</p>			

Debtor Eat Fit Go Healthy Foods, LLC

Case number (if known)

18-81127

Name

3.47	Nonpriority creditor's name and mailing address SEI Access 2238 S 156 Cir. Omaha, NE 68130	As of the petition filing date, the claim is: <i>Check all that apply.</i>	Unknown
	Date(s) debt was incurred _____	<input type="checkbox"/> Contingent	
	Last 4 digits of account number _____	<input type="checkbox"/> Unliquidated	
		<input type="checkbox"/> Disputed	
	Basis for the claim: _____		
	Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes		
3.48	Nonpriority creditor's name and mailing address SEI Alarm 2238 S 156 Cir. Omaha, NE 68130	As of the petition filing date, the claim is: <i>Check all that apply.</i>	\$0.00
	Date(s) debt was incurred _____	<input type="checkbox"/> Contingent	
	Last 4 digits of account number _____	<input type="checkbox"/> Unliquidated	
		<input type="checkbox"/> Disputed	
	Basis for the claim: _____		
	Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes		
3.49	Nonpriority creditor's name and mailing address TELLthefuture LLC 636 N 137th Ave. Omaha, NE 68154	As of the petition filing date, the claim is: <i>Check all that apply.</i>	Unknown
	Date(s) debt was incurred _____	<input type="checkbox"/> Contingent	
	Last 4 digits of account number _____	<input type="checkbox"/> Unliquidated	
		<input type="checkbox"/> Disputed	
	Basis for the claim: _____		
	Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes		
3.50	Nonpriority creditor's name and mailing address Tsys One Tsys Way Columbus, GA 31901-4222	As of the petition filing date, the claim is: <i>Check all that apply.</i>	Unknown
	Date(s) debt was incurred _____	<input type="checkbox"/> Contingent	
	Last 4 digits of account number _____	<input type="checkbox"/> Unliquidated	
		<input type="checkbox"/> Disputed	
	Basis for the claim: _____		
	Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes		
3.51	Nonpriority creditor's name and mailing address Uber 1455 Market Street, Suite 400 San Francisco, CA 94103	As of the petition filing date, the claim is: <i>Check all that apply.</i>	Unknown
	Date(s) debt was incurred _____	<input type="checkbox"/> Contingent	
	Last 4 digits of account number _____	<input type="checkbox"/> Unliquidated	
		<input type="checkbox"/> Disputed	
	Basis for the claim: _____		
	Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes		

Part 3: List Others to Be Notified About Unsecured Claims

4. List in alphabetical order any others who must be notified for claims listed in Parts 1 and 2. Examples of entities that may be listed are collection agencies, assignees of claims listed above, and attorneys for unsecured creditors.

If no others need to be notified for the debts listed in Parts 1 and 2, do not fill out or submit this page. If additional pages are needed, copy the next page.

Name and mailing address	On which line in Part 1 or Part 2 is the related creditor (if any) listed?	Last 4 digits of account number, if any
4.1 E FIT G KRYN, L.L.C. 2707 2nd Ave Suite D Kearney, NE 68845	Line <u>3.13</u>	—
	<input type="checkbox"/> Not listed. Explain _____	

Part 4: Total Amounts of the Priority and Nonpriority Unsecured Claims

5. Add the amounts of priority and nonpriority unsecured claims.

5a. Total claims from Part 1	Total of claim amounts
	5a. \$ <u>0.00</u>

Debtor **Eat Fit Go Healthy Foods, LLC**
Name

Case number (if known)

18-81127

5b. Total claims from Part 2

5b. + \$ **58,755.10**

5c. Total of Parts 1 and 2
Lines 5a + 5b = 5c.

5c. \$ **58,755.10**

Fill in this information to identify the case:

Debtor name **Eat Fit Go Healthy Foods, LLC**

United States Bankruptcy Court for the: **DISTRICT OF NEBRASKA**

Case number (if known) **18-81127**

Check if this is an amended filing

Official Form 206G

Schedule G: Executory Contracts and Unexpired Leases

12/15

Be as complete and accurate as possible. If more space is needed, copy and attach the additional page, number the entries consecutively.

1. Does the debtor have any executory contracts or unexpired leases?

No. Check this box and file this form with the debtor's other schedules. There is nothing else to report on this form.

Yes. Fill in all of the information below even if the contacts of leases are listed on *Schedule A/B: Assets - Real and Personal Property* (Official Form 206A/B).

2. List all contracts and unexpired leases

State the name and mailing address for all other parties with whom the debtor has an executory contract or unexpired lease

2.1. State what the contract or lease is for and the nature of the debtor's interest

Trade Contract - Payroll

State the term remaining

Month to Month

ADP

List the contract number of any government contract

**One ADP Boulevard
Roseland, NJ 07068**

2.2. State what the contract or lease is for and the nature of the debtor's interest

**Franchise Agreement
Chadron EFGAZ L.L.C -
6360 N Campbell Ave**

State the term remaining

Chadron EFGAZ LLC

List the contract number of any government contract

**8323 S. Shannon Rd.
#7107**

Tuscon, AZ 85742

2.3. State what the contract or lease is for and the nature of the debtor's interest

**Franchise Agreement
Chadron EFGAZ L.L.C -
West Ina Rd.**

State the term remaining

Chadron EFGAZ LLC

List the contract number of any government contract

8323 S. Shannon Rd.

#7107

Tuscon, AZ 85742

2.4. State what the contract or lease is for and the nature of the debtor's interest

**Franchise Agreement
Chadron EFGAZ L.L.C -
Tanque Verde**

State the term remaining

Chadron EFGAZ LLC

List the contract number of any government contract

8323 S. Shannon Rd.

#7107

Tuscon, AZ 85742

Additional Page if You Have More Contracts or Leases**2. List all contracts and unexpired leases**

State the name and mailing address for all other parties with whom the debtor has an executory contract or unexpired lease

2.5. State what the contract or lease is for and the nature of the debtor's interest
Area Development Agreement.

State the term remaining

Chadron EFGAZ LLC
8323 S. Shannon Rd.
#7107
Tuscon, AZ 85742

List the contract number of any government contract

2.6. State what the contract or lease is for and the nature of the debtor's interest
Trade Contract

State the term remaining

Distribution Market Advantage
Distribution Market Advantage, Inc., 151
Schaumburg, IL 60173

List the contract number of any government contract

2.7. State what the contract or lease is for and the nature of the debtor's interest
Franchise Agreement
DKAH LLC - Wichita

State the term remaining

DKAH LLC
18466 Adams St, Omaha, NE 68135
Omaha, NE 68135

List the contract number of any government contract

2.8. State what the contract or lease is for and the nature of the debtor's interest
Trade Contract

State the term remaining

DLR
DLR Group inc., 6457 Frances St., Suite
Omaha, NE 68106

List the contract number of any government contract

2.9. State what the contract or lease is for and the nature of the debtor's interest
Franchise Agreement E
FIT G KRN, L.L.C. -
Kearney

State the term remaining

E FIT G KRN, L.L.C.
2707 2nd Ave Suite D
Kearney, NE 68845

List the contract number of any government contract

2.10. State what the contract or lease is for and the nature of the debtor's interest
Franchise Agreement
EFG Distribution, LLC -
Lincoln 1

State the term remaining

EFG Distribution, LLC
10201 W Bluff Rd
Malcom, NE 68402

List the contract number of any government contract

Debtor 1 Eat Fit Go Healthy Foods, LLC

First Name

Middle Name

Last Name

Additional Page if You Have More Contracts or Leases**2. List all contracts and unexpired leases**

State the name and mailing address for all other parties with whom the debtor has an executory contract or unexpired lease

government contract

2.11. State what the contract or lease is for and the nature of the debtor's interest

Franchise Agreement
EFG Distribution, LLC - Lincoln 2

State the term remaining

EFG Distribution, LLC
10201 W Bluff Rd
Malcom, NE 68402

List the contract number of any government contract

2.12. State what the contract or lease is for and the nature of the debtor's interest

Franchise Agreement
EFGP LLC - St. Joeseph

State the term remaining

EFGP LLC
5005 S 135th St #3230 Omaha NE 68137 (pe
St. Joseph, MO 64506

List the contract number of any government contract

2.13. State what the contract or lease is for and the nature of the debtor's interest

Franchise Agreement
EFGGroupATL, LLC - 2980 Cobb Pkwy

State the term remaining

EFGGroupATL, LLC
450 Regency Parkway, Suite 120
Omaha, NE 68114

List the contract number of any government contract

2.14. State what the contract or lease is for and the nature of the debtor's interest

Franchise Agreement
EFGGroupATL, LLC - 5530 Windward Pkwy

State the term remaining

EFGGroupATL, LLC
450 Regency Parkway, Suite 120
Omaha, NE 68114

List the contract number of any government contract

2.15. State what the contract or lease is for and the nature of the debtor's interest

Franchise Agreement
EFGGroupATL, LLC - 5840 Roswell Rd

State the term remaining

EFGGroupATL, LLC
450 Regency Parkway, Suite 120
Omaha, NE 68114

List the contract number of any government contract

2.16. State what the contract or lease is for and the nature of the debtor's interest

Area Development Agreement.**EFGGroupATL, LLC**
450 Regency Parkway, Suite 120
Omaha, NE 68114

Debtor 1 Eat Fit Go Healthy Foods, LLC

First Name

Middle Name

Last Name

Additional Page if You Have More Contracts or Leases**2. List all contracts and unexpired leases**

State the name and mailing address for all other parties with whom the debtor has an executory contract or unexpired lease

State the term remaining

List the contract number of any government contract

2.17. State what the contract or lease is for and the nature of the debtor's interest

Trade Contract

State the term remaining

Unknown

List the contract number of any government contract

Execupay
14301 FNB Pkwy. Suite 204
Omaha, NE 68154

2.18. State what the contract or lease is for and the nature of the debtor's interest

Franchise Agreement
Four Sons, LLC -
Council Bluffs

State the term remaining

List the contract number of any government contract

Four Sons LLC
23057 Bella Cir.
Glennwood, IA 51534

2.19. State what the contract or lease is for and the nature of the debtor's interest

Franchise Agreement
Go Madik 1 LLC -
Shawnee

State the term remaining

List the contract number of any government contract

Go Madik 1 LLC
PO Box 21432
Overland Park, KS 66283

2.20. State what the contract or lease is for and the nature of the debtor's interest

Trade Contract

State the term remaining

THrough 11/02/2019

List the contract number of any government contract

Google G Suite
1600 Amphitheater Pkwy.
Mountain View, CA 94043

2.21. State what the contract or lease is for and the nature of the debtor's interest

Trade Contract

State the term remaining

Approx. 24 months

List the contract number of any government contract

Halo Banded Solutions, Inc.
Attn: John Campbell, Director of Corpora
1980 Industrial Drive
Sterling, IL 61081

Additional Page if You Have More Contracts or Leases**2. List all contracts and unexpired leases**

State the name and mailing address for all other parties with whom the debtor has an executory contract or unexpired lease

2.22. State what the contract or lease is for and the nature of the debtor's interest

Area Development Agreement.

State the term remaining

List the contract number of any government contract

Hamilton Heights Inc.
17730 South Reflection Avenue
Bennington, NE 68007

2.23. State what the contract or lease is for and the nature of the debtor's interest

Franchise Agreement
Husker Power Enterprises, LLC - Columbia

State the term remaining

List the contract number of any government contract

Husker Power Enterprises, LLC
1101 Grindstone Pkwy #106
Columbia, MO 65201

2.24. State what the contract or lease is for and the nature of the debtor's interest

Area Development Agreement.

State the term remaining

List the contract number of any government contract

Husker Power Enterprises, LLC
1101 Grindstone Pkwy #106
Columbia, MO 65201

2.25. State what the contract or lease is for and the nature of the debtor's interest

Franchise Agreement
JJ&D Enterprises, LLC - Lawrence

State the term remaining

List the contract number of any government contract

JJ&D Enterprises, LLC
636 N 137th Ave.
Omaha, NE 68154

2.26. State what the contract or lease is for and the nature of the debtor's interest

Trade Contract

State the term remaining

List the contract number of any government contract

JQ Office
3350 North 90th Street
Omaha, NE 68134

2.27. State what the contract or lease is for and the nature of the debtor's interest

Franchise Agreement
mvu Properties, LLC - Sioux Falls SD 1

State the term remaining

List the contract number of any

MVU Properties, LLC
17730 S Reflection Ave
Bennington, NE 68007

Debtor 1 Eat Fit Go Healthy Foods, LLC

First Name

Middle Name

Last Name

Additional Page if You Have More Contracts or Leases**2. List all contracts and unexpired leases**

State the name and mailing address for all other parties with whom the debtor has an executory contract or unexpired lease

government contract

2.28. State what the contract or lease is for and the nature of the debtor's interest

Franchise Agreement
MVU Properties, LLC -
Sioux Falls SD 2

State the term remaining

List the contract number of any government contract

MVU Properties, LLC
17730 S Reflection Ave
Bennington, NE 68007

2.29. State what the contract or lease is for and the nature of the debtor's interest

Trade Contract

State the term remaining

34 Months**Olo**
26 Broadway, 24th Floor
New York, NY 10004

List the contract number of any government contract

2.30. State what the contract or lease is for and the nature of the debtor's interest

Franchisee Agreement /
OmaStings - 7135 E.
Camelback Rd.

State the term remaining

List the contract number of any government contract

OmaStings, LLC
450 Regency Parkway, Suite 340
Omaha, NE 68114

2.31. State what the contract or lease is for and the nature of the debtor's interest

Franchise Agreement
OmaStings - 18529 N
Scottsdale Rd.

State the term remaining

List the contract number of any government contract

OmaStings, LLC
450 Regency Parkway, Suite 340
Omaha, NE 68114

2.32. State what the contract or lease is for and the nature of the debtor's interest

Franchise Agreement
OmaStings - 4325 East
Indian School Rd.

State the term remaining

List the contract number of any government contract

OmaStings, LLC
450 Regency Parkway, Suite 340
Omaha, NE 68114

2.33. State what the contract or lease is for and the nature of the debtor's interest

Franchise Agreement
OmaStings, LLC - 4050
S. Alma School Rd.**OmaStings, LLC**
450 Regency Parkway, Suite 340
Omaha, NE 68114

Debtor 1 Eat Fit Go Healthy Foods, LLC

First Name

Middle Name

Last Name

Additional Page if You Have More Contracts or Leases**2. List all contracts and unexpired leases**

State the name and mailing address for all other parties with whom the debtor has an executory contract or unexpired lease

State the term remaining

List the contract number of any government contract

2.34. State what the contract or lease is for and the nature of the debtor's interest

Area Development Agreement.

State the term remaining

List the contract number of any government contract

OmaStings, LLC
450 Regency Parkway, Suite 340
Omaha, NE 68114

2.35. State what the contract or lease is for and the nature of the debtor's interest

Truck Leases

State the term remaining

Approx. 55 Months**Penske Truck Leasing**
PO Box 802577
Chicago, IL 60680-2577

List the contract number of any government contract

2.36. State what the contract or lease is for and the nature of the debtor's interest

Vehicle Services Agreement

State the term remaining

Approx. 55 months**Penske Truck Leasing**
PO Box 802577
Chicago, IL 60680-2577

List the contract number of any government contract

2.37. State what the contract or lease is for and the nature of the debtor's interest

Trade Contract

State the term remaining

Unknown**Persolvent**
940 Hastings Ave
St Paul Park, MN 55071

List the contract number of any government contract

2.38. State what the contract or lease is for and the nature of the debtor's interest

Trade Contract

State the term remaining

Month to Month**Postmates**
51 Federal St.
San Francisco, CA 94107

List the contract number of any government contract

Additional Page if You Have More Contracts or Leases**2. List all contracts and unexpired leases**

State the name and mailing address for all other parties with whom the debtor has an executory contract or unexpired lease

2.39. State what the contract or lease is for and the nature of the debtor's interest

Trade Contract

State the term remaining

Approx. 36 Months

List the contract number of any government contract

Revel
303 Second St, North Tower, Suite 550
San Francisco, CA 94107

2.40. State what the contract or lease is for and the nature of the debtor's interest

Trade Contract

State the term remaining

Month to Month

List the contract number of any government contract

Rigel Airport Services
4501 Abbot Drive
Omaha, NE 68110

2.41. State what the contract or lease is for and the nature of the debtor's interest

Franchisee Agreement
RK FitFoods, Inc. -
15735 E. Arapahoe Rd.

State the term remaining

RK Fitfoods, Inc.
558 E. Castle Pines Pkwy, B-4324
Castle Rock, CO 80108

2.42. State what the contract or lease is for and the nature of the debtor's interest

Area Development Agreement.

State the term remaining

RK Fitfoods, Inc.
558 E. Castle Pines Pkwy, B-4324
Castle Rock, CO 80108

2.43. State what the contract or lease is for and the nature of the debtor's interest

Trade Contract

State the term remaining

Month to Month

List the contract number of any government contract

Rob McCutcheons
2041 W Homer St
Chicago, IL 60647

2.44. State what the contract or lease is for and the nature of the debtor's interest

Trade Contract

State the term remaining

Approx. 33 Months

List the contract number of any

SEI Access
2238 S 156 Cir.
Omaha, NE 68130

Debtor 1 Eat Fit Go Healthy Foods, LLC

First Name

Middle Name

Last Name

Additional Page if You Have More Contracts or Leases**2. List all contracts and unexpired leases**

State the name and mailing address for all other parties with whom the debtor has an executory contract or unexpired lease

government contract

2.45. State what the contract or lease is for and the nature of the debtor's interest

Trade Contract

State the term remaining

Approx. 34 Months

List the contract number of any government contract

**SEI Alarm
2238 S 156 Cir.
Omaha, NE 68130**

2.46. State what the contract or lease is for and the nature of the debtor's interest

**Franchise Agreement
TELLthefuture LLC -
Springfield**

State the term remaining

**TELLthefuture LLC
636 N 137th Ave.
Omaha, NE 68154**

List the contract number of any government contract

2.47. State what the contract or lease is for and the nature of the debtor's interest

**Area Development
Agreement.**

State the term remaining

**TELLthefuture LLC
636 N 137th Ave.
Omaha, NE 68154**

List the contract number of any government contract

2.48. State what the contract or lease is for and the nature of the debtor's interest

Trade Contract

State the term remaining

**Tsys
One Tsys Way
Columbus, GA 31901-4222**

List the contract number of any government contract

2.49. State what the contract or lease is for and the nature of the debtor's interest

Trade Contract

State the term remaining

**Uber
1455 Market Street, Suite 400
San Francisco, CA 94103**

List the contract number of any government contract

Fill in this information to identify the case:

Debtor name **Eat Fit Go Healthy Foods, LLC**

United States Bankruptcy Court for the: **DISTRICT OF NEBRASKA**

Case number (if known) **18-81127**

Check if this is an amended filing

Official Form 206H

Schedule H: Your Codebtors

12/15

Be as complete and accurate as possible. If more space is needed, copy the Additional Page, numbering the entries consecutively. Attach the Additional Page to this page.

1. Do you have any codebtors?

No. Check this box and submit this form to the court with the debtor's other schedules. Nothing else needs to be reported on this form.

Yes

2. In Column 1, list as codebtors all of the people or entities who are also liable for any debts listed by the debtor in the schedules of creditors, **Schedules D-G**. Include all guarantors and co-obligors. In Column 2, identify the creditor to whom the debt is owed and each schedule on which the creditor is listed. If the codebtor is liable on a debt to more than one creditor, list each creditor separately in Column 2.

Column 1: **Codebtor**

Column 2: **Creditor**

Name	Mailing Address	Name	Check all schedules that apply:
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2.1	Aaron McKeever	8240 Keystone Drive Omaha, NE 68130	Access Bank	<input checked="" type="checkbox"/> D <u>2.1</u> <input type="checkbox"/> E/F _____ <input type="checkbox"/> G _____
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2.2	Eat Fit Go Healthy Foods - Omaha, LLC	8877 S. 137th Cir Suite 1 Omaha, NE 68138	Access Bank	<input checked="" type="checkbox"/> D <u>2.1</u> <input type="checkbox"/> E/F _____ <input type="checkbox"/> G _____
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2.3	Eat Fit Go Healthy Foods Minnesota, LLC	8877 S. 137th Cir Suite 1 Omaha, NE 68138	Access Bank	<input checked="" type="checkbox"/> D <u>2.1</u> <input type="checkbox"/> E/F _____ <input type="checkbox"/> G _____
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2.4	Eat Fit Go Minnesota Kitchen, LLC	8877 S. 137th Cir Suite 1 Omaha, NE 68138	Access Bank	<input checked="" type="checkbox"/> D <u>2.1</u> <input type="checkbox"/> E/F _____ <input type="checkbox"/> G _____
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Debtor

Eat Fit Go Healthy Foods, LLC

Case number (if known) **18-81127**

Additional Page to List More Codebtors

Copy this page only if more space is needed. Continue numbering the lines sequentially from the previous page.

Column 1: Codebtor

Column 2: Creditor

2.5 **Eat Fit Go Healthy Foods, LLC** **8877 S. 137th Cir Suite 1 Omaha, NE 68138** **Access Bank** D 2.1 E/F _____ G _____

2.6 **Sam Vakhidov** **2325 S. 165th Omaha, NE 68134** **Access Bank** D 2.1 E/F _____ G _____

Fill in this information to identify the case:

Debtor name **Eat Fit Go Healthy Foods, LLC**

United States Bankruptcy Court for the: **DISTRICT OF NEBRASKA**

Case number (if known) **18-81127**

Check if this is an amended filing

Official Form 207

Statement of Financial Affairs for Non-Individuals Filing for Bankruptcy

04/16

The debtor must answer every question. If more space is needed, attach a separate sheet to this form. On the top of any additional pages, write the debtor's name and case number (if known).

Part 1: Income

1. Gross revenue from business

None.

Identify the beginning and ending dates of the debtor's fiscal year, which may be a calendar year

Sources of revenue
Check all that apply

Gross revenue
(before deductions and exclusions)

From the beginning of the fiscal year to filing date:

From **1/01/2018** to **Filing Date**

Operating a business

\$145,000.00

Other _____

For prior year:

From **1/01/2017** to **12/31/2017**

Operating a business

\$850,000.00

Other _____

For year before that:

From **1/01/2016** to **12/31/2016**

Operating a business

\$235,089.60

Other _____

2. Non-business revenue

Include revenue regardless of whether that revenue is taxable. *Non-business income* may include interest, dividends, money collected from lawsuits, and royalties. List each source and the gross revenue for each separately. Do not include revenue listed in line 1.

None.

Description of sources of revenue

Gross revenue from each source
(before deductions and exclusions)

From the beginning of the fiscal year to filing date:

From **1/01/2018** to **Filing Date**

Interest / Royalty Income

\$282,363.25

For prior year:

From **1/01/2017** to **12/31/2017**

Interest / Royalty Income

\$818.99

For year before that:

From **1/01/2016** to **12/31/2016**

Interest / Royalty Income

\$2,496.97

Part 2: List Certain Transfers Made Before Filing for Bankruptcy

3. Certain payments or transfers to creditors within 90 days before filing this case

List payments or transfers--including expense reimbursements--to any creditor, other than regular employee compensation, within 90 days before filing this case unless the aggregate value of all property transferred to that creditor is less than \$6,425. (This amount may be adjusted on 4/01/19 and every 3 years after that with respect to cases filed on or after the date of adjustment.)

None.

Creditor's Name and Address	Dates	Total amount of value	Reasons for payment or transfer Check all that apply
3.1. See Attachment 3		\$0.00	<input type="checkbox"/> Secured debt <input type="checkbox"/> Unsecured loan repayments <input type="checkbox"/> Suppliers or vendors <input type="checkbox"/> Services <input type="checkbox"/> Other _____

4. Payments or other transfers of property made within 1 year before filing this case that benefited any insider

List payments or transfers, including expense reimbursements, made within 1 year before filing this case on debts owed to an insider or guaranteed or cosigned by an insider unless the aggregate value of all property transferred to or for the benefit of the insider is less than \$6,425. (This amount may be adjusted on 4/01/19 and every 3 years after that with respect to cases filed on or after the date of adjustment.) Do not include any payments listed in line 3. *Insiders* include officers, directors, and anyone in control of a corporate debtor and their relatives; general partners of a partnership debtor and their relatives; affiliates of the debtor and insiders of such affiliates; and any managing agent of the debtor. 11 U.S.C. § 101(31).

None.

Insider's name and address Relationship to debtor	Dates	Total amount of value	Reasons for payment or transfer
4.1. See Attachment 4		\$0.00	

5. Repossessions, foreclosures, and returns

List all property of the debtor that was obtained by a creditor within 1 year before filing this case, including property repossessed by a creditor, sold at a foreclosure sale, transferred by a deed in lieu of foreclosure, or returned to the seller. Do not include property listed in line 6.

None

Creditor's name and address	Describe of the Property	Date	Value of property
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6. Setoffs

List any creditor, including a bank or financial institution, that within 90 days before filing this case set off or otherwise took anything from an account of the debtor without permission or refused to make a payment at the debtor's direction from an account of the debtor because the debtor owed a debt.

None

Creditor's name and address	Description of the action creditor took	Date action was taken	Amount
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Part 3: Legal Actions or Assignments

7. Legal actions, administrative proceedings, court actions, executions, attachments, or governmental audits

List the legal actions, proceedings, investigations, arbitrations, mediations, and audits by federal or state agencies in which the debtor was involved in any capacity--within 1 year before filing this case.

None.

Case title Case number	Nature of case	Court or agency's name and address	Status of case
7.1. Heath Murray v. Aaron McKeever et al. 16-8452	Civil Litigation	District Court of Douglas County	<input checked="" type="checkbox"/> Pending <input type="checkbox"/> On appeal <input type="checkbox"/> Concluded

8. Assignments and receivership

Official Form 207

Statement of Financial Affairs for Non-Individuals Filing for Bankruptcy

page 2

List any property in the hands of an assignee for the benefit of creditors during the 120 days before filing this case and any property in the hands of a receiver, custodian, or other court-appointed officer within 1 year before filing this case.

None

Part 4: Certain Gifts and Charitable Contributions

9. List all gifts or charitable contributions the debtor gave to a recipient within 2 years before filing this case unless the aggregate value of the gifts to that recipient is less than \$1,000

None

Recipient's name and address	Description of the gifts or contributions	Dates given	Value
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Part 5: Certain Losses

10. All losses from fire, theft, or other casualty within 1 year before filing this case.

None

Description of the property lost and how the loss occurred	Amount of payments received for the loss	Dates of loss	Value of property lost
If you have received payments to cover the loss, for example, from insurance, government compensation, or tort liability, list the total received.			
List unpaid claims on Official Form 106A/B (Schedule A/B: Assets – Real and Personal Property).			

Part 6: Certain Payments or Transfers

11. Payments related to bankruptcy

List any payments of money or other transfers of property made by the debtor or person acting on behalf of the debtor within 1 year before the filing of this case to another person or entity, including attorneys, that the debtor consulted about debt consolidation or restructuring, seeking bankruptcy relief, or filing a bankruptcy case.

None.

Who was paid or who received the transfer? Address	If not money, describe any property transferred	Dates	Total amount or value
11.1. Stinson Leonard Street 1299 Farnam Street Suite 1500 Omaha, NE 68102		7/25/2018	\$43,000.00

Email or website address

Who made the payment, if not debtor?

12. Self-settled trusts of which the debtor is a beneficiary

List any payments or transfers of property made by the debtor or a person acting on behalf of the debtor within 10 years before the filing of this case to a self-settled trust or similar device.

Do not include transfers already listed on this statement.

None.

Name of trust or device	Describe any property transferred	Dates transfers were made	Total amount or value
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13. Transfers not already listed on this statement

List any transfers of money or other property by sale, trade, or any other means made by the debtor or a person acting on behalf of the debtor within 2 years before the filing of this case to another person, other than property transferred in the ordinary course of business or financial affairs. Include

Official Form 207

Statement of Financial Affairs for Non-Individuals Filing for Bankruptcy

page 3

both outright transfers and transfers made as security. Do not include gifts or transfers previously listed on this statement.

None.

Who received transfer? Address	Description of property transferred or payments received or debts paid in exchange	Date transfer was made	Total amount or value
13.1 See Attachment 13 and 30			\$0.00
Relationship to debtor			

Part 7: Previous Locations

14. Previous addresses

List all previous addresses used by the debtor within 3 years before filing this case and the dates the addresses were used.

Does not apply

Address	Dates of occupancy From-To
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Part 8: Health Care Bankruptcies

15. Health Care bankruptcies

Is the debtor primarily engaged in offering services and facilities for:

- diagnosing or treating injury, deformity, or disease, or
- providing any surgical, psychiatric, drug treatment, or obstetric care?

No. Go to Part 9.

Yes. Fill in the information below.

Facility name and address	Nature of the business operation, including type of services the debtor provides	If debtor provides meals and housing, number of patients in debtor's care
---------------------------	---	---

Part 9: Personally Identifiable Information

16. Does the debtor collect and retain personally identifiable information of customers?

No.

Yes. State the nature of the information collected and retained.

17. Within 6 years before filing this case, have any employees of the debtor been participants in any ERISA, 401(k), 403(b), or other pension or profit-sharing plan made available by the debtor as an employee benefit?

No. Go to Part 10.

Yes. Does the debtor serve as plan administrator?

Part 10: Certain Financial Accounts, Safe Deposit Boxes, and Storage Units

18. Closed financial accounts

Within 1 year before filing this case, were any financial accounts or instruments held in the debtor's name, or for the debtor's benefit, closed, sold, moved, or transferred?

Include checking, savings, money market, or other financial accounts; certificates of deposit; and shares in banks, credit unions, brokerage houses, cooperatives, associations, and other financial institutions.

None

Financial Institution name and Address	Last 4 digits of account number	Type of account or instrument	Date account was closed, sold, moved, or transferred	Last balance before closing or transfer
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19. Safe deposit boxes

List any safe deposit box or other depository for securities, cash, or other valuables the debtor now has or did have within 1 year before filing this case.

None

Depository institution name and address	Names of anyone with access to it Address	Description of the contents	Do you still have it?
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20. Off-premises storage

List any property kept in storage units or warehouses within 1 year before filing this case. Do not include facilities that are in a part of a building in which the debtor does business.

None

Facility name and address	Names of anyone with access to it	Description of the contents	Do you still have it?
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Part 11: Property the Debtor Holds or Controls That the Debtor Does Not Own**21. Property held for another**

List any property that the debtor holds or controls that another entity owns. Include any property borrowed from, being stored for, or held in trust. Do not list leased or rented property.

None

Part 12: Details About Environment Information

For the purpose of Part 12, the following definitions apply:

Environmental law means any statute or governmental regulation that concerns pollution, contamination, or hazardous material, regardless of the medium affected (air, land, water, or any other medium).

Site means any location, facility, or property, including disposal sites, that the debtor now owns, operates, or utilizes or that the debtor formerly owned, operated, or utilized.

Hazardous material means anything that an environmental law defines as hazardous or toxic, or describes as a pollutant, contaminant, or a similarly harmful substance.

Report all notices, releases, and proceedings known, regardless of when they occurred.

22. Has the debtor been a party in any judicial or administrative proceeding under any environmental law? Include settlements and orders.

No.
 Yes. Provide details below.

Case title Case number	Court or agency name and address	Nature of the case	Status of case
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23. Has any governmental unit otherwise notified the debtor that the debtor may be liable or potentially liable under or in violation of an environmental law?

No.
 Yes. Provide details below.

Site name and address	Governmental unit name and address	Environmental law, if known	Date of notice
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24. Has the debtor notified any governmental unit of any release of hazardous material?

No.
 Yes. Provide details below.

Site name and address	Governmental unit name and address	Environmental law, if known	Date of notice
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Part 13: Details About the Debtor's Business or Connections to Any Business**25. Other businesses in which the debtor has or has had an interest**

List any business for which the debtor was an owner, partner, member, or otherwise a person in control within 6 years before filing this case. Include this information even if already listed in the Schedules.

None

Business name address	Describe the nature of the business	Employer Identification number Do not include Social Security number or ITIN.	Dates business existed
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26. Books, records, and financial statements

26a. List all accountants and bookkeepers who maintained the debtor's books and records within 2 years before filing this case.

None

Name and address	Date of service From-To
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26a.1. **See Attachment 26A**

26b. List all firms or individuals who have audited, compiled, or reviewed debtor's books of account and records or prepared a financial statement within 2 years before filing this case.

None

Name and address	Date of service From-To
------------------	----------------------------

26b.1. **See Attachment 26B**

26c. List all firms or individuals who were in possession of the debtor's books of account and records when this case is filed.

None

Name and address	If any books of account and records are unavailable, explain why
------------------	--

26c.1. **See Attachment 26C**

26d. List all financial institutions, creditors, and other parties, including mercantile and trade agencies, to whom the debtor issued a financial statement within 2 years before filing this case.

None

Name and address

26d.1. **See Attachment 26D**

27. Inventories

Have any inventories of the debtor's property been taken within 2 years before filing this case?

No

Yes. Give the details about the two most recent inventories.

Name of the person who supervised the taking of the inventory	Date of inventory	The dollar amount and basis (cost, market, or other basis) of each inventory
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28. List the debtor's officers, directors, managing members, general partners, members in control, controlling shareholders, or other people

in control of the debtor at the time of the filing of this case.

Name	Address	Position and nature of any interest	% of interest, if any
Sam Vakhidov	2325 S. 165th Omaha, NE 68134	Member	
Aaron McKeever	8240 Keystone Drive Omaha, NE 68130	Member	
Panorama Point Partners, LLC	13030 Pierce St Ste 300 Omaha, NE 68144	Member	
Jennifer Cain	2325 S. 218th Ave Elkhorn, NE 68022	CEO	

29. Within 1 year before the filing of this case, did the debtor have officers, directors, managing members, general partners, members in control of the debtor, or shareholders in control of the debtor who no longer hold these positions?

No
 Yes. Identify below.

Name	Address	Position and nature of any interest	Period during which position or interest was held
Sam Vakhidov	2325 S. 165th Omaha, NE 68134	CEO	02/17-10/17
Jennifer Cain	2325 S. 218th Ave Elkhorn, NE 68022	CEO	11/17-07/18

30. Payments, distributions, or withdrawals credited or given to insiders

Within 1 year before filing this case, did the debtor provide an insider with value in any form, including salary, other compensation, draws, bonuses, loans, credits on loans, stock redemptions, and options exercised?

No
 Yes. Identify below.

Name and address of recipient	Amount of money or description and value of property	Dates	Reason for providing the value
30.1 See Attachment 13 and 30			
Relationship to debtor			

31. Within 6 years before filing this case, has the debtor been a member of any consolidated group for tax purposes?

No
 Yes. Identify below.

Name of the parent corporation**Employer Identification number of the parent corporation****32. Within 6 years before filing this case, has the debtor as an employer been responsible for contributing to a pension fund?**

No
 Yes. Identify below.

Name of the parent corporation**Employer Identification number of the parent corporation****Part 14: Signature and Declaration**

WARNING -- Bankruptcy fraud is a serious crime. Making a false statement, concealing property, or obtaining money or property by fraud in connection with a bankruptcy case can result in fines up to \$500,000 or imprisonment for up to 20 years, or both.
18 U.S.C. §§ 152, 1341, 1519, and 3571.

I have examined the information in this *Statement of Financial Affairs* and any attachments and have a reasonable belief that the information is true and correct.

I declare under penalty of perjury that the foregoing is true and correct.

Executed on September 19, 2018/s/ Brock Hubert

Signature of individual signing on behalf of the debtor

Brock Hubert

Printed name

Position or relationship to debtor CEO**Are additional pages to *Statement of Financial Affairs for Non-Individuals Filing for Bankruptcy* (Official Form 207) attached?**

No
 Yes

Name	Type	Date	Address	Memo	Amount
First Insurance					
	Check	05/14/2018		FIRST INSURANCE INSURANCE XXX-XXX1141	\$ 5,662.44
	Check	06/12/2018		FIRST INSURANCE INSURANCE XXX-XXX1141	\$ 5,662.44
	Check	07/12/2018		FIRST INSURANCE INSURANCE XXX-XXX1141	\$ 5,662.44
JHUSA Payments					
	Check	05/11/2018		JHUSA PAYMENTS 106081075926	\$ 568.00
SERVICE CHARGE					
	Check	05/31/2018		SERVICE CHARGE	\$ 10.00
	Check	07/31/2018		SERVICE CHARGE	\$ 10.00

EAT FIT GO HEALTHY FOODS, LLC - ATTACMENT 3

Name	Type	Date	Address	Memo	Amount
First Insurance					
	Check	05/14/2018		FIRST INSURANCE INSURANCE XXX-XXX1141	\$ 5,662.44
	Check	06/12/2018		FIRST INSURANCE INSURANCE XXX-XXX1141	\$ 5,662.44
	Check	07/12/2018		FIRST INSURANCE INSURANCE XXX-XXX1141	\$ 5,662.44
JHUSA Payments					
	Check	05/11/2018		JHUSA PAYMENTS 106081075926	\$ 568.00
SERVICE CHARGE					
	Check	05/31/2018		SERVICE CHARGE	\$ 10.00
	Check	07/31/2018		SERVICE CHARGE	\$ 10.00

EAT FIT GO HEALTY FOODS LLC - ATTACHMENT 4

Name	Relationship to Debtor	Date	Amount	Reason
Aaron McKeever	Member	8/2/17	\$17,068.87	Transfer to 2174
Aaron McKeever	Member	11/21/17	\$13,326.24	Transfer to 2174
Aaron McKeever	Member	11/08/2017	\$7,500.00	Unknown
Sam Vakhidov	Member	8/2/17	\$17,068.87	Transfer to 5267
Sam Vakhidov	Member	11/21/17	\$13,326.24	Transfer to 5267

EAT FIT GO HEALTY FOODS LLC - ATTACHMENT 4

Name	Address	Relationship to Debtor	Description on payment	Date	Amount
Aaron McKeever		Member	Transfer to XXXX2174	04/19/2016	\$4,100.00
Aaron McKeever		Member	Transfer to XXXX2174	04/24/2016	\$4,100.00
Aaron McKeever		Member	Transfer to XXXX2174	05/16/2016	\$4,100.00
Aaron McKeever		Member	Transfer to XXXX2174	06/15/2016	\$4,100.00
Aaron McKeever		Member	Transfer to XXXX2174	06/15/2016	\$25,000.00
Aaron McKeever		Member	Transfer to XXXX2174	06/29/2016	\$100,000.00
Aaron McKeever		Member	Transfer to XXXX2174	07/11/2016	\$25,000.00
Aaron McKeever		Member	Transfer to XXXX2174	07/13/2016	\$4,100.00
Aaron McKeever		Member	Transfer to XXXX2174	07/27/2016	\$25,000.00
Aaron McKeever		Member	Transfer to XXXX2174	08/12/2016	\$25,095.00
Aaron McKeever		Member	Loan Payment	08/15/2016	\$3,796.87
Aaron McKeever		Member	Transfer to XXXX2174	08/15/2016	\$4,100.00
Aaron McKeever		Member	Transfer to XXXX2174	08/18/2016	\$10,000.00
Aaron McKeever		Member	Aaron McKeever	09/01/2016	\$87,500.00
Aaron McKeever		Member	Transfer to XXXX2174	10/17/2016	\$4,100.00
Aaron McKeever		Member	Transfer to XXXX2174	11/15/2016	\$4,100.00
Aaron McKeever		Member	Transfer to XXXX2174	12/14/2016	\$4,100.00
Aaron McKeever		Member	Aksarben TI Check	05/17/2017	\$21,421.00
Aaron McKeever		Member	Reinhart Rebate Check	05/18/2017	\$24,810.12
Sam Vakhidov		Member	Tash Invest, LLC	05/01/2016	\$62,500.00
Sam Vakhidov		Member	Tash Invest, LLC	07/11/2016	\$150,000.00
Sam Vakhidov		Member	Transfer to XXXX5267	07/27/2016	\$25,000.00
Sam Vakhidov		Member	Transfer to XXXX5267	08/12/2016	\$25,095.00
Sam Vakhidov		Member	Transfer to XXXX5267	08/18/2016	\$10,000.00
Sam Vakhidov		Member	Transfer to XXXX5267	09/01/2016	\$87,500.00
Sam Vakhidov		Member	Tash Invest, LLC	09/14/2016	\$20,500.00
Sam Vakhidov		Member	Aksarben TI Check	05/17/2017	\$21,421.00
Sam Vakhidov		Member	Reinhart Rebate Check	05/18/2017	\$24,810.12
Panorama Point		Member	2016 Q1	6/1/16	\$12,500.00
Panorama Point		Member	2016 Dist	3/22/17	\$139,440.80
Panorama Point		Member	2017 Q3	6/29/17	\$12,500.00

Attachment 26A

Name	Address	Dates of Service
CFO Systems, LLC	10832 Old Mill Rd #2, Omaha, NE 68154	7/17-12/17, 5/18-6/18
Steier & Prchal, Ltd.	1015 N. 98th Street, Suite 100, Omaha, NE 68114	12/2015-09/2017
Lutz	13616 California Street, Suite 300, Omaha, NE 68154	12/2017-07/2018
Amy Staley	14516 Fowler Avenue, Omaha, NE 68116	01/2017-05/2018
Whitney Ivanova	7315 Stafford Drive, Council Bluffs, IA 51503	05/2018-Present
Brooke Hogan	5621 N 112th Circle, Omaha, NE 68164	08/2016-Present
Chancy Johnson	1903 Oriole Drive, Bellevue, NE 68123	05/2018-Present
Sydni Bechler	11101 M St, Apt #101, Omaha, NE 68137	03/2017-02/2018
Mike Morgan	5615 S. 174th Street, Omaha, NE 68135	07/2018-Present

Attachment 26B

Name	Address	Dates of Service
CFO Systems, LLC	10832 Old Mill Rd #2, Omaha, NE 68154	07/2017-12/2017
Steier & Prchal, Ltd.	1015 N. 98th Street, Suite 100, Omaha, NE 68114	12/2015-09/2017
Lutz	13616 California Street, Suite 300, Omaha, NE 68154	12/2017-07/2018
Brooke Hogan	5621 N 112th Circle, Omaha, NE 68164	08/2016-Present

Attachment 26C

Name	Address	Dates of Service
Lutz	13616 California Street, Suite 300, Omaha, NE 68154	12/2017-07/2018
Whitney Ivanova	7315 Stafford Drive, Council Bluffs, IA 51503	05/2018-Present
Brooke Hogan	5621 N 112th Circle, Omaha, NE 68164	08/2016-Present
Chancy Johnson	1903 Oriole Drive, Bellevue, NE 68123	05/2018-Present
Mike Morgan	5615 S. 174th Street, Omaha, NE 68135	07/2018-Present

Attachment 26D

Name	Address
Panorama Point Partners LLC	13030 Pierce Street, Suite 300, Omaha, NE 68144
Access Bank	2710 South 140th Street, Omaha, NE 68144